

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 252 (REV 10/92)

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CLAIMANT'S NAME Manal Yamout		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Special Advisor to the Governor		CB/D NUMBER		DIVISION OR BUREAU Governor's Office	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY Sacramento		STATE California		ZIP 95814	

MONTH/YEAR 4/10	DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
	3.31.10	6:00am	SAC to BUR					6.00	159.70			0.00	165.70	
	4.1.10	7:00pm	ONT to SMF				18.00	6.00	159.70			0.00	183.70	
												0.00	0.00	
												0.00	0.00	
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												0.00	0.00	
												0.00	0.00	
SUBTOTALS				0.00	0.00	0.00	18.00	12.00	319.40	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												343.40	\$349.40	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  
 3.30.10 - 4.1.10 = Tour of various renewable energy project sites in the CA desert.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241019

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

5/10/10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

5/11/10

SIGNATURE OF TITLE OF A

ORITY FOR SPECIAL EXPENSES

DATE